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Statement about the dangers of shackling pregnant women

As an obstetrician-gynecologist who cares for both non-incarcerated and incarcerated pregnant women, I wish to outline the reasons why shackling a pregnant woman in labor, delivery or recovery is medically dangerous to both her and the fetus:

Women need to be able to move or be moved quickly when emergencies arise. Emergencies are unpredictable but do happen in labor.

- If the fetus' heart rate drops during labor, the interventions we perform to bring the heart rate up involve the woman changing position, sometimes even on her hands and knees to increase blood flow to the baby; in addition, performing vaginal examinations and placing internal monitors on the baby is encumbered by shackles. If we are not able to do these maneuvers, then there is a risk of causing permanent neurological injury to the fetus, or in some cases even still birth.
- If there is an indication for an emergency cesarean section, such as a prolonged drop in the fetal heart rate, the health care team needs to move the patient to the operating room expeditiously.
- During a vaginal delivery, the infant's shoulders can get stuck in the birth canal (shoulder dystocia), which requires immediate resolution. The maneuvers that we perform to relieve this grave condition involve needing to move the patient freely into different positions.
- Hemorrhage can happen suddenly during labor, delivery, or after delivery. The health care team needs to be able to assess, examine, and provide emergency measures, which shackles interfere with.

Should any of these emergencies arise, which all pose a threat to both the mother and the infant, medical professionals do not have the time to be asking and negotiating with correctional staff to release the restraints. We need to be focusing on the patients and acting with the utmost speed.

In addition to the emergency situations, and as cited in Committee Opinion #511 (November 2011), shackling interferes with normal labor and delivery:

- "The ability to ambulate during labor increases the likelihood for adequate pain management, successful cervical dilation, and a successful vaginal delivery."
- "After delivery, a healthy baby should remain with the mother to facilitate mother-child bonding. Shackles may prevent or inhibit this bonding and interfere with the mother's safe handling of her infant."
- Should a woman choose to have an epidural placed in her back for pain control, shackling interferes with the ability of anesthesiologists to safely perform this

PLAINTIFF'S
EXHIBIT

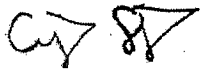
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procedure.

Finally, the shackling of pregnant women in labor is unnecessary as they do not pose a significant flight risk:

- Labor is a painful process and the risk of a woman fleeing during painful contractions or while pushing out a baby is highly unlikely. Many women have epidurals which make their legs numb and thus unable to escape.

In summary, the shackling of pregnant women in labor, delivering, and recovering immediately after delivery is unsafe, unnecessary, and should not be performed. For these reasons, as well as for the inhumane nature of the practice, shackling of pregnant women is condemned by a number of professional medical organizations including the American Medical Association, the American Congress of Obstetricians and Gynecologists, and the National Commission on Correctional Health Care.



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